


2003 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90134 023 \*\*\*150.00

<b>DOCUMENT #</b> P97000002344	
<b>1. Entity Name</b>  JUPASA CORPORATION	

**DO NOT WRITE IN THIS SPACE**

90137277

<b>2. Principal Place of Business</b> 24975 SW 228 Street Suite, Apt. #, etc.	<b>3. Mailing Address</b> 24975 SW 228 Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Miami, Florida	<b>City &amp; State</b> MIami, Florida	<b>4. FEI Number</b> 65-0717811	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33170	<b>Country</b>	<b>Zip</b> 33170	<b>Country</b>
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> JUAN LLANO
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 24975 SW 228 Street
<b>City</b> Miami
<b>FL</b> <b>Zip Code</b> 33170

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD	<b>NAME</b> JUAN LLANO	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 24975 SW 228 STREET	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b> MIAMI, FL. 33170	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
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<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-19-03

CR2E034B (12/02)

Attachment  
90137277

Miami May 19, 2003

Uniform Business Report  
Division of Corporation  
PO Box 1500  
Tallahassee, Fl. 32302-1500

Jupasa Corporation  
24975 SW 228 Street  
Miami, Florida 33170  
Doc # P97000002344


To Whom It May Concern:

With this letter I would like to request from you to please waive the penalty for the UBR 2003. We have moved and did not notify on time of our address change, so we did not receive the UBR 2003.

Enclosed please find the UBR 2003 report and the filing fee of \$150.00.

Thank you in advance for your corporation and please excuse the inconvenience.

Sincerely,

  
\_\_\_\_\_  
Juan Llano  
President